

CONTRACT AMENDMENT

ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040

Contract Management Specialist/Buyer: Rebecca O'Brien

Contract No: HP632209 Amendment No: 6

PROGRAM:

Behavioral Health Services Administration – Magellan				
It is mutually agreed that the Contract ref	erenced is amende	d as follows:		
All other provisions shall remain in their entirety. All other provisions shall remain in their entirety. Contractor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date in accordance with A R S 35-393 06, the Contractor hereby certifies that the Contractor does not have any scrutinized business operations in Sudan All other provisions shall remain in their entirety. The above referenced Contract Amendment is hereby executed this accordance with A R S 35-393 06, the Contractor hereby certifies that the Contractor does not have scrutinized business operations in Iran accordance with A R S 35-391 06, the Contractor hereby certifies that the Contractor does not have any scrutinized business operations in Sudan Signature Date Procurement Officer Procurement Officer				
All other provisions shall remain in their entirety.				
above amendment and that a signed copy must be filed with the Procurement Office before the effective date. In accordance with A.R.S. 35-393.06, the Contractor hereby certifies that the Contractor does not have scrutinized business operations in Iran. In accordance with A.R.S. 35-391.06, the Contractor hereby certifies that the Contractor does not have any scrutinized		executed this <u>24th</u> day of <u>March</u> 2009		
business operations in oddair				
		Christine Ruth		
Signature	Date			
Authorized Signatory's Name and Title:				
Rene' Lerer - PRESIDEN	7 4080			
Magellan Health Services of Arizor	na			
Contractor's Name				



CONTRACT AMENDMENT

Amendment No: 6

Contract No: HP632209

ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040

Contract Management Specialist/Buyer: Rebecca O'Brien

Exhibit B: Capitation Rates

Conitation Potos for CSA 6			
Capitation Rates for GSA 6			
ective Dates 07/01/2008 to 06/30/2009		PMPM	
Fitle XIX eligible children, under the age of 18 (represents the cost of providing covered behavioral health services to children), not enrolled in CMDP:	\$	32 15	
Fitle XIX eligible children, under the age of 18 (represents the cost of providing covered behavioral health services to children), enrolled in CMDP:	\$	879 30	
Fitle XIX eligible adults, age 18 and older (represents the cost of providing covered behavioral health services to serious mental illness adults):	\$	105.25	
Fitle XIX eligible adults, age 18 and older (represents the cost of providing covered behavioral health services to non-serious mental liness adults):	\$	37 47	
Fitle XXI eligible children under age 18 (represents the cost of providing covered behavioral health services to children):	\$	16 60	
Title XXI eligible adults age 18 (represents the cost of providing covered behavioral health services to serious mental illness and non-serious mental illness adults):		31 26	
Title XXI eligible adults, age 18 and older, and whose family income is up to two hundred percent (200%) of the FPL (represents the cost of providing covered behavioral health services to serious mental illness adults):		10 53	
Fitle XXI eligible adults, age 18 and older, and whose family income is up to two hundred percent (200%) of the FPL (represents the cost of providing covered behavioral health services to non-serious mental liness adults):	\$	11 40	
DES DD ALTCS eligible children representing the cost of providing covered behavioral health services to DES DD ALTCS children	\$78.30		
DES DD ALTCS eligible adults representing the cost of providing covered behavioral health services to DES DD ALTCS adults	\$102.03		